

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0506	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - SHANNONDALE OF MARYVILLE HEALTH CARE CENTER B. WING _____		(X3) DATE SURVEY COMPLETED 08/25/2015
NAME OF PROVIDER OR SUPPLIER SHANNONDALE OF MARYVILLE HEALTH CAR			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SHANNONDALE WAY MARYVILLE, TN 37803		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 843	<p>1200-8-6-.08 (13) Building Standards</p> <p>(13) Electrical drawings shall include where applicable:</p> <p>(a) A seal, certifying that all electrical work and equipment is in compliance with all applicable codes and that all materials are currently listed by recognized testing laboratories;</p> <p>(b) All electrical wiring, outlets, riser diagrams, switches, special electrical connections, electrical service entrance with service switches, service feeders and characteristics of the light and power current, and transformers when located within the building;</p> <p>(c) An electrical system that complies with applicable codes;</p> <p>(d) Color coding to show all items on emergency power;</p> <p>(e) Circuit breakers that are properly labeled; and</p> <p>(f) Ground-Fault Circuit Interrupters (GFCI) that are required in all wet areas, such as kitchens, laundries, janitor closets, bath and toilet rooms, etc, and within six (6) feet of any lavatory.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the condition of the physical plant and the overall nursing home environment to assure the safety and well-being of residents are assured.</p>	N 843	<p><u>N 843</u> No residents have been affected by this deficient practice.</p> <p>No residents have been affected by this deficient practice. The two (2) electrical plugs in question will be converted to ground-fault circuit interrupters (GFCI) by 9-18-15.</p> <p>A thorough examination of the building will be done to assure there are no other electrical outlets within six (6) feet of a wet area.</p> <p>Maintenance will observe any alterations to the building to assure compliance.</p>	9-18-15	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

David Maxwell

VP Administrator

9-9-15

STATE FORM

6899

GZR21

If continuation sheet 1 of 3

Division of Health Care Facilities

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N 843	Continued From page 1 The findings include: Observation and interview with the maintenance director on 8/25/15 at 9:30 AM revealed the laundry room was not equipped with GFCI (ground fault circuit interrupters) behind the washers. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 8/25/15.	N 843		
N 848	1200-8-6-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor 's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the condition of the physical plant and the overall nursing home environment to assure the safety and well-being of residents are assured. The findings include: Observation and interview with the maintenance director on 8/25/15 at 10:30 AM revealed the janitor's closet on the second floor by room 220	N 848	<u>N 848</u> No residents have been affected by this deficient practice. No residents have been affected by this deficient practice. The supply air within the janitorial closet will be eliminated. A thorough examination of the building will be done to assure that all other locations meet the requirements of positive and negative air pressure. Maintenance will oversee any new or existing HVAC work completed within the building.	9-25-15

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N 848	Continued From page 2 was not provided with negative air pressure. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 8/25/15.	N 848			